

HOUSE BILL No. 1784

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-11-3.5.

Synopsis: Medicaid provider agreements. Requires a Medicaid provider that does not contract with a Medicaid risk based managed care contractor to: (1) accept as payment in full an amount equal to the lesser of the provider's actual charge submitted to the Medicaid managed care contractor, or the amount the office of Medicaid policy and planning would pay the provider if the recipient were not enrolled in the risk based managed care program; and (2) provide services to a recipient enrolled with the managed care contractor in compliance with the contractor's utilization review and medical management programs.

Effective: July 1, 2001.

Liggett

January 17, 2001, read first time and referred to Committee on Human Affairs.

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Introduced

First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

HOUSE BILL No. 1784

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-11-3.5 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2001]: **Sec. 3.5. (a) This section applies to a**
4 **provider that:**

5 (1) **provides services covered under this article to a recipient**
6 **enrolled in the Medicaid risk based managed care program;**
7 **and**

8 (2) **does not have a contract with the managed care contractor**
9 **with whom the recipient is enrolled.**

10 (b) **In addition to the requirements of section 3 of this chapter,**
11 **a provider agreement for a provider described in subsection (a)**
12 **must require the following:**

13 (1) **The provider must agree to accept as payment in full an**
14 **amount equal to the lesser of:**

15 (A) **the provider's actual charges submitted to the**
16 **managed care contractor; or**

17 (B) **the amount that the office would pay the provider if the**



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1 recipient were not enrolled in the Medicaid risk based
2 managed care program.
3 (2) The provider must agree to provide services to a recipient
4 enrolled with the managed care contractor in compliance with
5 the managed care contractor's utilization review and medical
6 management programs.

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